

PERSONAL FINANCIAL DISCLOSURE FORM

2030350

1. FULL NAME John Alan Allgood	2. SPOUSE'S FULL NAME Shelia P. Allgood
3. RESIDENCE ADDRESS 3609 Lako Catherine Drive Harvey, Louisiana 70058	
4. SPOUSE'S OCCUPATION (if any) Self Employed	
5. PRINCIPAL BUSINESS ADDRESS 2317-1 Manhattan Blvd., Harvey, LA 70058	

6. THIS REPORT COVERS CALENDAR YEAR 2002

7. CHECK IF AMENDED REPORT ☐

NOTE: Where amounts are required herein, indicate such amounts by use of one of the following categories:

- I - less than \$5,000;
- II - \$5,000 to \$24,999;
- III - \$25,000 to \$49,999;
- IV - \$50,000 to \$99,999;
- V - \$100,000 to \$199,999;
- VI - \$200,000 or more.

Use as many pages of each section of the form as are required. Machine copies of the form's pages may be used. Complete all sections (if not applicable, so indicate). Please type or print.

8. AFFIDAVIT

I do hereby certify, after having been first duly sworn, that the information contained in this personal financial disclosure form is true and correct to the best of my knowledge, information, and belief.

M. Allgood
PERSON FILING REPORT

Sworn to and subscribed before me this 18th day of August, 2003.

David L. Ghe
NOTARY PUBLIC

HAND DELIVERED

A. POSITIONS

The name, address of, position in, and amount of interest in each business in which you or your spouse (either individually or collectively) were a director, officer, partner, member, or trustee during the calendar year. (NOTE: For purposes of this section "business" is defined as any corporation, partnership, sole proprietorship, firm, enterprise, franchise, association, business, organization, self-employed individual, holding company, trust, or any other legal entity or person.)

1. INDIVIDUAL, SPOUSE OR BOTH	2. FULL NAME AND ADDRESS OF BUSINESS	3. POSITION	4. AMOUNT
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input checked="" type="checkbox"/> BOTH	Gator Computer Solutions, Inc. 2317-1 Manhattan Blvd. Harvey, Louisiana 70058	President Present	1V
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input checked="" type="checkbox"/> BOTH	Allgood Medical Services 3609 Lake Catherine Drive Harvey, Louisiana 70058	President Present	I
<input type="checkbox"/> INDIVIDUAL <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> BOTH	John Randolph White, V Trust 3609 Lake Catherine Drive Harvey, Louisiana 70058	Trustee	-0-
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B. BUSINESS INTERESTS

The name, address and amount of interest in each business with which your sole relationship during the calendar year was as an owner of an interest in excess of 10% held by you or your spouse (either individually or collectively). (NOTE: For purposes of this section "business" is defined as any corporation, partnership, sole proprietorship, firm, enterprise, franchise, association, business, organization, self-employed individual, holding company, trust, or any other legal entity or person.)

1. INDIVIDUAL, SPOUSE OR BOTH	2. FULL NAME AND ADDRESS OF BUSINESS	3. AMOUNT
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input checked="" type="checkbox"/> BOTH	Gator Computer Solutions, Inc. 2317-1 Manhattan Blvd. Harvey, Louisiana 70058	IV
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input checked="" type="checkbox"/> BOTH	Allgood Medical Services, Inc. 3609 Lake Catherine Drive Harvey, Louisiana 70058	I
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input type="checkbox"/> BOTH		
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<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input type="checkbox"/> BOTH		

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C. INCOME

The name, address, type and amount of each source of income in excess of \$1,000 received by you or your spouse (either individually or collectively) during the calendar year. "Income" means any income from whatever source derived, including but not limited to the following types: compensation for services, including fees, salaries, commissions, and similar items; income derived from business; gains derived from dealings in property; interest; rents; royalties; dividends; annuities; income from life insurance and endowment contracts; pensions; income from discharge of indebtedness; distributive share of partnership income; and income from interest in an estate or trust. For income from compensation, give a very brief description of the services rendered. For income from mental health, medical health, or legal services, if the disclosure of the source of the income would reveal the identity of a patient or client, then either mental health, medical health, or legal services should be given as the source.

1. INDIVIDUAL, SPOUSE OR BOTH	2. NAME AND ADDRESS OF SOURCE OF INCOME	3. TYPE	4. AMOUNT	5. DESCRIPTION OF SERVICES
<input checked="" type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input type="checkbox"/> BOTH	Synergy Microsystems 9605 Scranton Road, Suite 700 San Diego, CA 92121-1773	Income	II	Rep
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input checked="" type="checkbox"/> BOTH	Merrill Lynch 1850 K ST NW 7th Floor Washington DC 20006	Dividends	I	
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input checked="" type="checkbox"/> BOTH	Merrill Lynch 1850 K ST NW 7th Floor Washington DC 20006	Interest	II	
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input checked="" type="checkbox"/> BOTH	Gator Computer Solutions, Inc. 2317-1 Manhattan Blvd. Harvey, Louisiana 70058	Income S Corp.	II	President President
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input type="checkbox"/> BOTH				
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<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input type="checkbox"/> BOTH				

D. REAL ESTATE HOLDINGS

The address and a short description (i.e., size, use of land) of each parcel of real property having a fair market value in excess of \$2,000 in which you or your spouse (either individually or collectively) had an interest during the calendar year.

1. INDIVIDUAL SPOUSE OR BOTH	2. ADDRESS OF REAL PROPERTY	3. DESCRIPTION
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input checked="" type="checkbox"/> BOTH	3609 Lake Catherine Drive Harvey, Louisiana 70058	House&Lot
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E. TRANSACTIONS

A brief description, the date, and amount of each purchase, sale, exchange, donation, or gift, other acquisition or disposition, in excess of \$1,000, by you or your spouse (either individually or collectively) during the calendar year in any real property, and of any stocks, bonds, commodities futures, or other forms of securities, including but not limited to, any option to acquire and/or dispose of any stocks, bonds, commodities futures, other forms of securities, negotiable instruments, movable or immovable property, or any other interest.

1. INDIVIDUAL, SPOUSE OR BOTH	2. DESCRIPTION	3. DATE	4. AMOUNT
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input checked="" type="checkbox"/> BOTH	Georgian Furnishings Home Furniture	1-4-02	I
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input checked="" type="checkbox"/> BOTH	Chris Rudolph Kitchen Cabinets	1-7-02	I
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input checked="" type="checkbox"/> BOTH	Interior Motives Curtains for home	1-9-02	I
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input checked="" type="checkbox"/> BOTH	Classique Designs Home Furnishings	1-21-02	I
<input checked="" type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input type="checkbox"/> BOTH	Elizabeth's Women's clothing	11-9-02	I
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input checked="" type="checkbox"/> BOTH	Merrill Lynch IRA	4-15-02	I
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input checked="" type="checkbox"/> BOTH	White Dove Fellowship Tithe	2002	I
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input checked="" type="checkbox"/> BOTH	AOL Time Warner Inc. Sold 71 Shares	5-14-02	I
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input checked="" type="checkbox"/> BOTH	Bristol Myers Squibb Co. Sold 80 Shares	1-31, 2-6 4-24, 4-25	I
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input checked="" type="checkbox"/> BOTH	Colgate Palmolive Sold 23 Shares	1-30, 1-31	I
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input checked="" type="checkbox"/> BOTH	Merck & Co Inc Sold 30 Shares	4-25-02	I

E. TRANSACTIONS

Net description, the date, and amount of each purchase, sale, exchange, donation, or gift, other acquisition or disposition, in excess of \$1,000, by you or your spouse (either individually or collectively) during the calendar year in any real property, and of any stocks, bonds, commodities futures, or other forms of securities, including but not limited to, any option to acquire and/or dispose of any stocks, bonds, commodities futures, other forms of securities, negotiable instruments, movable or immovable property, or any other interest.

1. INDIVIDUAL, SPOUSE OR BOTH	2. DESCRIPTION	3. DATE	4. AMOUNT
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input checked="" type="checkbox"/> BOTH	State Street Corp Sold 23 Shares	8-16-02	I
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input checked="" type="checkbox"/> BOTH	Tyco Intl LTD Sold 129 Shares	4-25, 4-26	I
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input checked="" type="checkbox"/> BOTH	Wells Fargo & Co Sold 33 Shares	1-15-02	I
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input checked="" type="checkbox"/> BOTH	Home Depot Inc Sold 85 Shares	10-16, 12-3, 12-4	I
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input checked="" type="checkbox"/> BOTH	MBNA Corp Sold 63 Shares	7-31, 8-1	I
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input checked="" type="checkbox"/> BOTH	WalMart Shares Sold 27 Shares	2-20, 10-16	I
<input checked="" type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input type="checkbox"/> BOTH	ML Global Growth Sold 299 Shares	1-30	I
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F. LIABILITIES

The name, address, and amount of each liability in excess of \$10,000 owed to any creditor by you or your spouse (either individually or collectively) during the calendar year. (NOTE: Exclude any loan secured by a personal motor vehicle, household furniture, or appliances if such loan does not exceed the purchase price of the item that secures it.)

1. INDIVIDUAL, SPOUSE OR BOTH	2. FULL NAME AND ADDRESS OF CREDITOR	3. AMOUNT
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input checked="" type="checkbox"/> BOTH	NO LOANS	-0-
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